**ANNEX 3**

**NETWORK CLASSIFICATION, PRICING, DISCOUNTS AND AFFILIATIONS**

1. **PROVIDER NETWORK CLASSIFICATION**

**Network Category**: General network **Scope**: In-patient and Out-patient

1. **PRICING CONDITIONS**

**2.1 PRICING AND INVOICING**

1. The Provider agrees that the charges incurred for treatment provided to Insured Patients will correspond with those paid by self-payers. Furthermore, some selected procedures are detailed in the `Provider’s Price List` referred in part 3 of this Annex 3. This Annex remains valid until Parties agree otherwise through an amendment letter signed by their representatives. Exceptionally the Price List can be subject of change by e-mail or simple letter in writing, yet being only effective after AzP`s written confirmation. Pricing and requested currency of payment should not be changed more than once per year.
2. Prices for any new procedures/departments not included in the Price List should be approved in writing by AzP, prior to rendering services for that particular procedure. If there is any failure to do so, AzP shall have the right to apply usual, customary and reasonable charges to the billed procedures until the effective date of the agreement of the tariff between the Provider and AzP for such unlisted procedure or supplies.

c. The Provider agrees to collect co-payments and deductibles directly from the Insured Patient in accordance with his/her policy and as outlined by the relevant AzP Entity. The Provider will submit all invoices to the relevant AzP Entity within thirty (30) days from end of service month or completion of treatment provided to the Insured Patient. The Provider will provide the Insured Patient with an invoice and receipt for the amount paid, and also issue an invoice/receipt when the amount to be paid is zero.

d. The relevant AzP Entity shall settle all uncontested invoices in the currency of the contract within sixty (60) days of receipt, provided all necessary information has been received. The relevant AzP Entity reserves the right to request further documents or information if necessary and, in which case, the credit period may be extended for a period as required. If further information is not received within ninety (90) days of the relevant AzP Entity’s request to the Provider, the Provider forfeits the right to claim these costs in relation to the invoiced amount.

e. The Provider is solely responsible for the reconciliation of payments received from the relevant AzP Entity and may submit any queries within thirty (30) days from the date the payment was made. After this period, the relevant AzP Entity is not obligated to address any queries or reconciliation requests from the Provider (or any agent or third party on its behalf) after the expiry of this period, and the payment will be deemed fully and finally settled. If an invoice is declined by the relevant AzP Entity, the Provider is entitled to contest it within thirty (30) days, If no contest is raised within this period, it will be deemed that the Provider has accepted the decline and the invoice will not be paid.

f. Should it transpire that the relevant AzP Entity has made an overpayment to the Provider, the relevant AzP Entity reserves the right to request a refund of such overpayment. If a refund has been requested, payment by the Provider to the relevant AzP Entity will be made within thirty (30) days.

g. Any follow-up visit by the Insured Patient (Out Patient) to any physician up to seven (7) days from the initial consultation (inclusive of first day) and for same ailment will not be billed by the Provider.

1. If a local social insurance agency provides partial coverage the Provider shall submit the invoice to both the social insurance agency and AzP, specifying the agencies contribution based on the Insured Patient’s coverage.
2. Notwithstanding the deadlines and procedures for claims submission/resubmission, the Provider shall, using best endeavours, notify AzP and the relevant AzP Entity of its total outstanding dues for the previous year before March 31st each year. The Provider shall provide proof of such declaration accompanied by a clear written acknowledgment from AzP.
	1. **IN HOSPITAL MANAGEMENT**
3. In the event of hospitalization and if the Price List mentions a rounding fee per day, the Provider will charge the relevant AzP Entity no more than one rounding fee per day, irrespective of the number of visits by the treating physician to the Insured Patient. If a physician from a different specialty is required, the relevant AzP Entity shall pay the rounding fee as per the agreed tariff.
4. The agreed charges for Room and Board include nursing fees and meals.
5. Where applicable, the Surgical fixed package price ,- includes without limitation, anesthetist and surgeon fees, theatre and recovery room charges, accommodation, nursing care, consumables, rounding fees and medicines provided while the Insured Patient is being admitted to the Provider’s facility, regardless of the length of stay.
6. Where more than one procedure is performed at the same time and under a single anesthetic, the fee for the most complex procedure shall be charged in full. Additional procedures shall be billed at no more than 50% of the standard procedure fee. Procedures must not be disaggregated and billed as separate component parts.
7. The anaesthesiologist’s fee will include all services provided during the pre-operative stage, intraoperative phase, as well as during the post-operative period.
8. The Provider shall produce the original invoices for implant/consumables upon request and will be billed on actual costs. The Provider agrees to provide the above relevant invoices to the respective AzP Entity as and when requested.

**3. PROVIDER’S PRICE LIST**